

Chicago, Illinois – 2005 (N=279)

Figure A. Age of GISP participants, in years, 2005

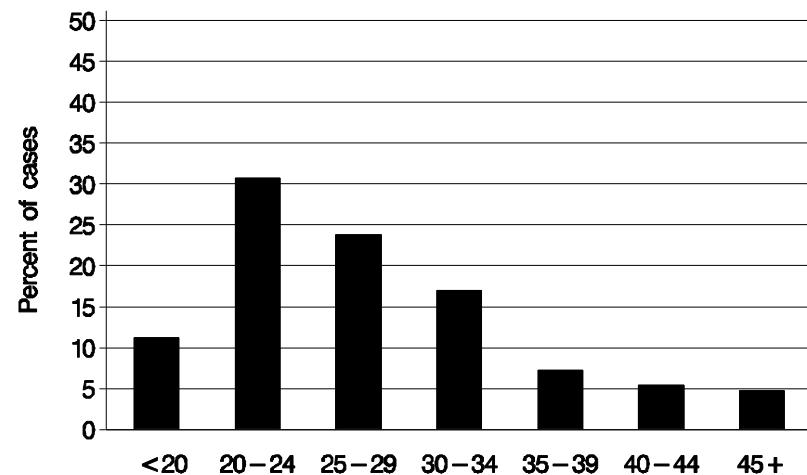


Figure B. Race/ethnicity of GISP participants, 2005

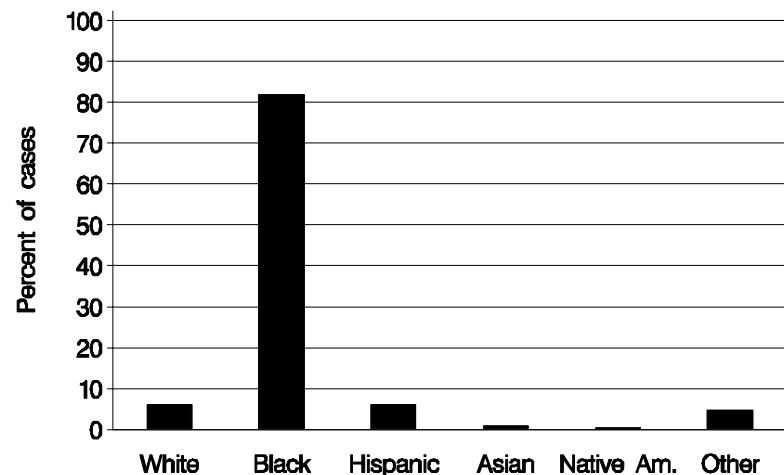


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1988–2005

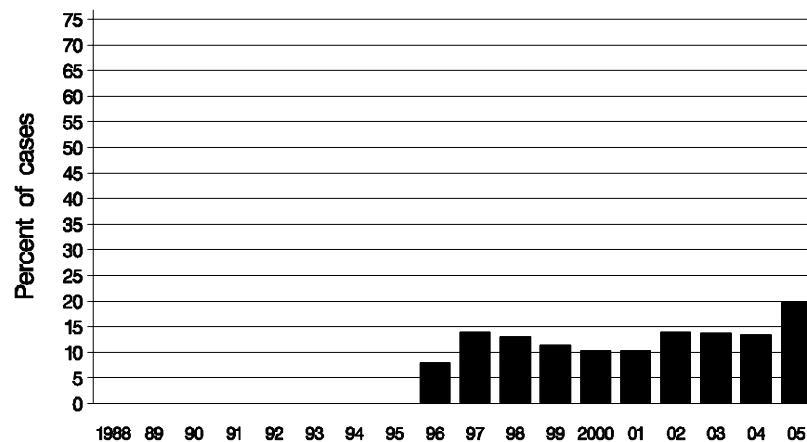
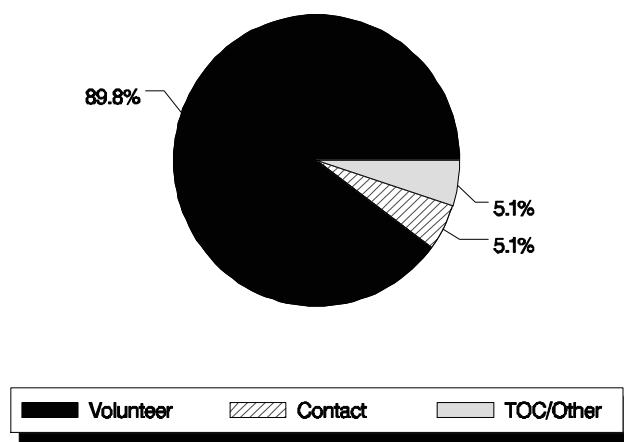
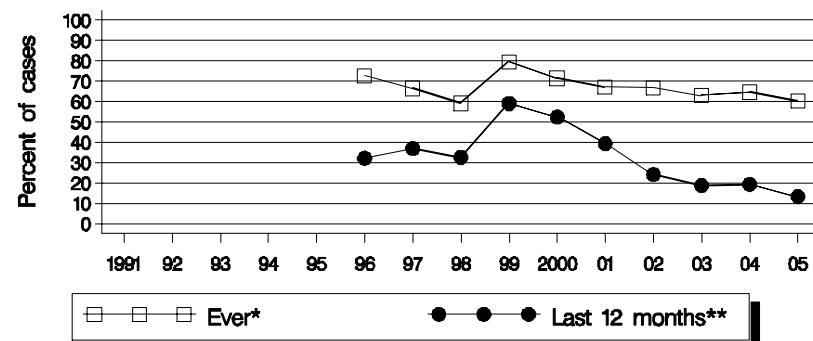


Figure D. Reason for visit among GISP participants, 2005



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Figure E. Previous episode of gonorrhea among GISP participants, 1991–2005

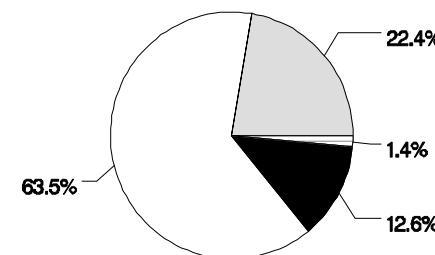


*Data first collected in 1991.

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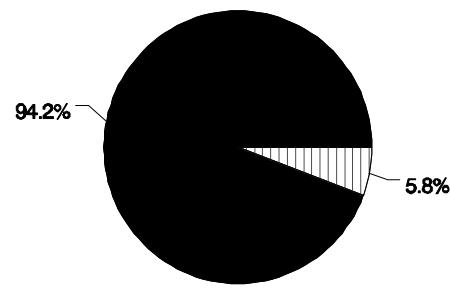
Note: Data points not shown when >30% data missing.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2005



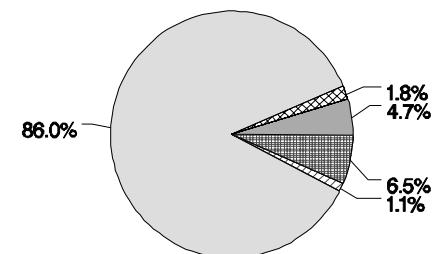
Drug	Percentage
Ceftriaxone 125 mg	63.5%
Ciprofloxacin	22.4%
Ceftriaxone 250 mg	12.6%
Spectinomycin	1.4%

Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2005



Drug	Percentage
Doxy/Tet	94.2%
Azi/Ery	5.8%

Figure H. Resistance to penicillin and tetracycline among GISP isolates, 2005



Resistance Category	Percentage
Susceptible	86.0%
TetR	4.7%
PPNG	1.8%
CMRNG	1.1%
TRNG	6.5%

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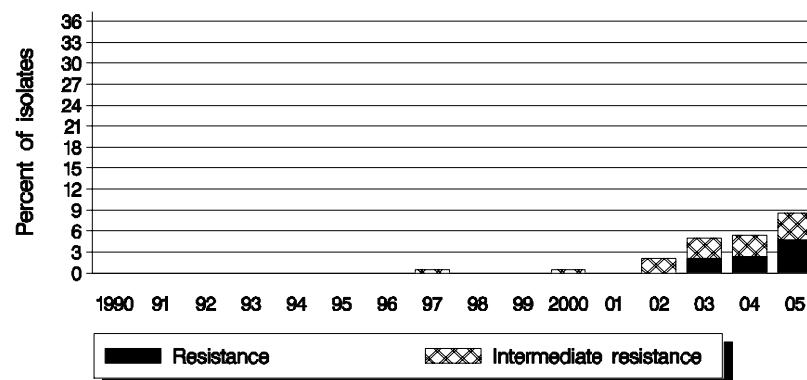
Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1988–2005

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic.

Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992–2005

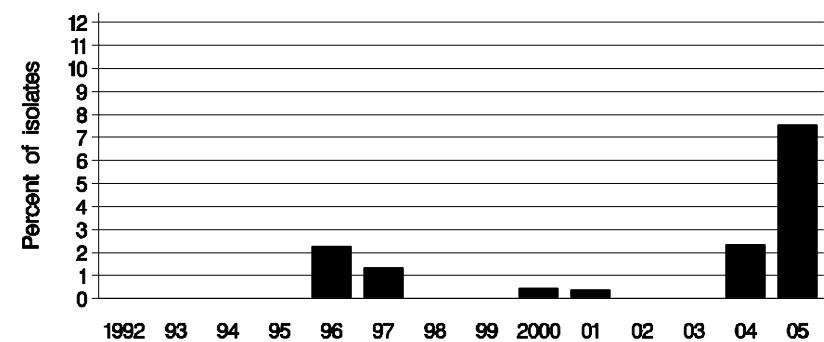
No isolates with decreased susceptibility to cefixime have been identified at this clinic.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990–2005



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992–2005



Note: Susceptibility to azithromycin first measured in 1992.

Note: Decreased susceptibility to azithromycin is defined here as $\geq 1.0 \mu\text{g/ml}$.

No NCCLS criteria currently exist.